

John Sample  
Member ID#: 999999999

Coverage: Family  
Customer Service: 1-888-744-1265

**THIS IS NOT INSURANCE**

John Sample  
1051 N. Kirk Rd  
Batavia IL 12345-6789

Dear John Sample,

As a valued Combined Insurance policyholder, we would like to welcome you to the Link2Wellness Program!

You've made a wise decision to become one of the many members of the Link2Wellness family. Your enrollment entitles you to exclusive "members only" benefits that were designed specifically for the needs of customers just like you. Be sure to visit [www.Link2WellnessPlus.com](http://www.Link2WellnessPlus.com) that now allows you to easily redeem your rebates online. Be sure to visit [www.Link2Wellness.com](http://www.Link2Wellness.com) that now allows you to easily redeem your rebates online.

You can take advantage of all of these benefits during your 30-day trial period for only \$1.00, effective 06/19/2023. After your 30-day trial, your membership will extend automatically for just \$14.95 billed to your Empower Federal Credit Union checking account ending in 9999 each month unless you call to cancel.

As always, your satisfaction is **GUARANTEED**...If you are not completely satisfied with the services, you can cancel at any time by calling 1-888-744-1265 and not receive further billings. Payments made before cancellation may not be refundable.

Sincerely,  
The Link2Wellness+ Team

Please see back for state specific disclosures

**TAKE A LOOK AT SOME OF THE PRIVILEGES YOU'LL NOW ENJOY  
WITH YOUR NEW MEMBERSHIP:**



**TELEMEDICINE**

24/7/365 unlimited access with \$0 access fee to a board-certified physician via phone or video chat.



**PRESCRIPTION SAVINGS**

Save 15-60% off the retail price of generic drugs and 10-25% off the retail price of brand-name drugs at over 68,000 pharmacies.



**WELLNESS SAVINGS**

Access to over \$250 in annual cash back rebates on health club fees, over-the-counter medicines, vitamins and supplements.

**MAKING THE MOST OF  
YOUR MEMBERSHIP IS  
AS EASY AS 1...2...3!**

**1**

Remove the attached Membership Card and store it in your wallet for easy access.

**2**

Browse through the included Member Guide and take advantage of all the savings and wellness benefits.

**3**

Keep your Rebate Booklet handy for valuable discounts and savings.

**Telemedicine Services:**  
1-877-947-6411  
or visit: [www.Link2Wellness.com](http://www.Link2Wellness.com)

**Rx Bin #: 013824**                      **Group #: UMGL2W1**  
**Rx Group ID: CICUMGL2W1**  
**RX ID#: 9999999999**  
**Rx Claims Processor:** United Networks of America  
**Rx Customer Service:** 1-877-321-6755  
**Pharmacist Questions Call:** 1-800-223-2146

**THIS IS NOT INSURANCE**

**Illinois Residents:**

**This is a month-to-month automatically renewing contract.**

**MEMBER'S RIGHT TO CANCEL.** If you wish to cancel this contract, you may cancel by delivering or mailing a written notice to the club. To prove that you canceled, it is recommended that you send the notice by certified mail or statutory overnight delivery. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before 12:00 Midnight of the third business day after you sign this contract. The notice must be delivered or mailed to: Membership Services, PO Box 726, Lombard IL 60148. If you cancel, the club will return, within ten days of the date on which you give notice of cancellation, a total refund. It is recommended that you mail the notice of cancellation by certified mail or statutory overnight delivery, return receipt requested; check with your post office as to the time when you will be able to mail a certified letter. Be sure to keep a photocopy of the notice of cancellation which you mail.

A GUIDE TO YOUR LINK2WELLNESS BENEFITS



**Stay healthy and start saving today!**

## WELCOME!

Start enjoying your Link2Wellness benefits today!

This membership guide provides you with the information you need to access your valuable health and wellness benefits that are included in your Link2Wellness program.

You can access all your benefits by using the materials in this membership kit or by visiting [www.Link2Wellness.com](http://www.Link2Wellness.com)

Stay healthy and save money throughout the year with your Link2Wellness membership.



**MEMBER SERVICES: 1-866-884-2205**  
**MONDAY - FRIDAY: 8AM - 5PM CST**

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Keep making healthy lifestyle choices —  
and enjoy great savings!

We hope you enjoy your  
Link2Wellness membership.

Please refer to your Membership Agreement (Pages 12—13) for complete details on how your benefits work (Pages 14—17), along with the terms and conditions.



# TELEMEDICINE

Unlimited access to Board-Certified Doctors  
from anywhere



Telemedicine provides a more convenient and cost effective alternative to the high cost setting of a doctor's office. This service reduces your healthcare costs, maximizes your access to physicians and offers convenience without sacrificing your quality of care.



## 24/7 ACCESS

With Link2Wellness you have 24/7 access to board-certified physicians through video or telephone from the convenience of your home, office or while you're on the go. In addition, you receive:

- Unlimited doctor visits with \$0 access fee
- Access for you and your family
- A HIPAA compliant personal medical record platform
- Around-the-clock doctor availability

## WHY USE TELEMEDICINE?

- It's a cost-effective alternative to the emergency room or urgent care center
- Gain access to physicians after hours, nights, weekends, and even holidays
- Acquiring a prescription can be faster and more convenient (when appropriate)
- Receive medical care during business trips and vacations to make life easier and less stressful

## TYPES OF SERVICE

The medical services offered during a consultation can range from providing general advice to making a diagnosis and prescribing medication.

For your convenience Link2Wellness Telemedicine Services can treat:

- |                |                |                        |
|----------------|----------------|------------------------|
| • Acne         | • Fever        | • Respiratory Problems |
| • Allergies    | • Flu          | • Sore Throats         |
| • Asthma       | • Headache     | • Sinus Infections     |
| • Bronchitis   | • Insect Bites | • Urinary Problems/UTI |
| • Constipation | • Nausea       | • Vomiting             |
| • Diarrhea     | • Pink Eye     | • ...and More          |
| • Earaches     | • Rash         |                        |

## HOW TO USE THE TELEMEDICINE SERVICE

Visit **[Link2Wellness.com](https://Link2Wellness.com)** to activate your account and get immediate access to Telemedicine and other valuable membership benefits.

**Call:** 1-877-947-6411

**Video:** Visit **[Link2Wellness.com](https://Link2Wellness.com)**

Please refer to Benefit Terms and Conditions.

# PRESCRIPTION DISCOUNTS

Save on retail prices of FDA approved generic and brand-name prescriptions at more than 68,000 pharmacies nationwide.



Access to a nationwide network of pharmacies where the savings can be between 15% to 60% off the retail price of generic prescriptions and 10% to 25% off the retail price of brand name prescriptions.

## HOW TO SAVE AT YOUR LOCAL PARTICIPATING PHARMACY:

1. Locate an eligible pharmacy in your area from the Participating Pharmacies list on the next page or call 1-877-321-6755.
2. Present your Membership Card to the pharmacy at the time of service to receive your discount.
3. For a comparison of prescription drug pricing in your area, please visit [www.CareingtonRxCard.com](http://www.CareingtonRxCard.com) and enter Group # UMGL2W1.
4. If you have prescription benefits through your health insurance, compare costs of the two programs to determine the most savings for you.

**If you have misplaced your Membership Card, please call 1-866-884-2205.**

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at [www.CareingtonRxCard.com](http://www.CareingtonRxCard.com). A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This card cannot be combined with your insurance card. Ask your pharmacist which card provides the best savings.

This Prescription Discount Card is distributed by Careington International Corporation under an agreement between United Networks of America and Careington. Careington is the administrator of the program. United Networks of America is Careington's contracted Consumer Engagement Platform, which provides web tools and a mobile app. United Networks of America is not affiliated with Careington International Corporation. VOID WHERE PROHIBITED BY LAW.

## PARTICIPATING PHARMACIES\*

- |                              |                             |                          |
|------------------------------|-----------------------------|--------------------------|
| • A & P Pharmacy             | Pharmacy                    | • Publix Pharmacy        |
| • Accredo Health Group       | • Hartig Drug               | • QFC Pharmacy           |
| • Apothecary Shop            | • Health Partners           | • Rainbow Pharmacy       |
| • Sparrow Pharmacy           | • HEB Pharmacy              | • Redfield Pharmacy      |
| • Aurora Pharmacy            | • Heinz Drugs               | • Rite Aid               |
| • Bakers Pharmacy            | • Homeland Pharmacy         | • Safeway                |
| • Bartel Drugs               | • Hy-Vee Pharmacy           | • Save Mart Pharmacy     |
| • Bel Air Markets            | • Ingles Pharmacy           | • Shopko Pharmacy        |
| • Bi-Lo Pharmacy             | • King Soopers              | • Stop and Shop Pharmacy |
| • Bi-Mart Pharmacy           | • Kings Pharmacy            | • Super 1 Pharmacy       |
| • City Market                | • Kinney Drugs              | • Super RX Pharmacy      |
| • Coborns Pharmacy           | • Kmart Pharmacy            | • Target Corporation     |
| • C and C Community Pharmacy | • Kroger Pharmacy           | • The Medicine Shoppe    |
| • CVS Pharmacy               | • Langes Pharmacy           | • Tops Pharmacy          |
| • Dillon Pharmacy            | • Longs Drug Store          | • United Pharmacy        |
| • Discount Drug Mart         | • Marsh Drugs               | • USA Drug               |
| • Family Drug Center         | • Medical Arts Pharmacy     | • U-Save Pharmacy        |
| • Food City Pharmacy         | • Medical Center Pharmacy   | • Village Pharmacy       |
| • Ford City Pharmacy         | • Medicine Shoppee          | • Vons                   |
| • Fruth Pharmacy             | • Meijer Pharmacy           | • Walgreens              |
| • Giant Eagle Pharmacy       | • Navarro Discount Pharmacy | • Walmart Pharmacy       |
| • Giant Pharmacy             | • Park Nicollet Pharmacy    | • Weis Pharmacy          |
| • Hannaford Food & Drug      | • Park Nicollet Pharmacy    | • Winn Dixie             |
| • Harps Pharmacy             | • Pharmacare                | • Yokes Pharmacy         |
| • Harris Teeter              | • Pharmacy Plus             |                          |

\*Participating Pharmacies are subject to change without notice.

# CASH BACK ON MONTHLY GYM OR HEALTH CLUB FEES

Up to \$120 Cash Back on Monthly Gym or Health Club Fees



Live healthy, get in shape and save! Enjoy up to \$10 Cash Back every month—that's up to \$120 each year on membership fees from the gym, health club or fitness center of your choice.

Your Rebate Book contains cash rebates worth up to \$120. You can save \$10 a month on your gym or health club membership fees by mailing in your rebate certificate.

## HOW TO SAVE:

Once per month:

1. Complete the enclosed **Gym or Health Club Fees rebate certificate** per the terms and conditions
2. Include a copy of your Gym or Health Club receipts
3. Mail or email your completed certificates

## HOW TO REDEEM:

**Mail to:**  
Membership Services  
PO Box 726  
Lombard, IL 60148

OR

**Email to:**  
CustomerService@Link2Wellness.com

Please allow 3-5 weeks for processing and mailing of rebate check(s).

Please refer to Benefit Terms and Conditions.

# CASH BACK ON OVER-THE-COUNTER MEDICINES

Up to \$60 Cash Back on Over-the-Counter Medicines



Over-the-counter medications can be expensive. Link2Wellness can help you save on brand name over-the-counter cold, flu, cough and pain relief medications.

Your Rebate Book contains cash rebates worth up to \$60. You can save \$10 every other month on your over-the-counter medication purchases by mailing in your rebate certificate.

## HOW TO SAVE:

Every other month:

1. Complete the enclosed **Over-the-Counter Medicines rebate certificate** per the terms and conditions
2. Include a copy of your **Over-the-Counter Medicine** receipts
3. Mail or email your completed certificates

## HOW TO REDEEM:

**Mail to:**  
Membership Services  
PO Box 726  
Lombard, IL 60148

OR

**Email to:**  
CustomerService@Link2Wellness.com

Please allow 3-5 weeks for processing and mailing of rebate check(s).

Please refer to Benefit Terms and Conditions.



# CASH BACK ON VITAMINS AND SUPPLEMENTS

Up to \$60 Cash Back on Vitamins and Supplements



# CASH BACK ON GYM OR HEALTH CLUB INITIATION FEES

Up to \$25 Cash Back on Gym or Health Club Initiation Fees



Enjoy up to \$10 Cash Back every other month—that's up to \$60 each year on name brand vitamins and supplements.

We all have our excuses for not joining a gym. Don't let initiation fees be one of them! Link2Wellness members receive up to \$25 Cash Back on initiation fees.

One of the best ways to ensure you receive the nutrients you need to stay healthy is through proper supplementation. Stay healthy with these vitamin and supplement savings.

## HOW TO SAVE:

Every other month:

1. Complete the enclosed **Vitamins and Supplements rebate certificate** per the terms and conditions
2. Include a copy of your **Vitamins and Supplements receipts**
3. Mail or email your completed certificates

## HOW TO REDEEM:

**Mail to:**  
Membership Services  
PO Box 726  
Lombard, IL 60148

OR

**Email to:**  
CustomerService@Link2Wellness.com

## HOW TO SAVE:

1. Complete the enclosed **Gym or Health Club Initiation Fees rebate certificate** per the terms and conditions
2. Include a copy of your **one-time Gym or Health Club Initiation Fee receipt**
3. Mail or email your completed certificates

## HOW TO REDEEM:

**Mail to:**  
Membership Services  
PO Box 726  
Lombard, IL 60148

OR

**Email to:**  
CustomerService@Link2Wellness.com

Please allow 3-5 weeks for processing and mailing of rebate check(s).

Please refer to Benefit Terms and Conditions.

Please allow 3-5 weeks for processing and mailing of rebate check(s).

Please refer to Benefit Terms and Conditions.



# MEMBERSHIP AGREEMENT

Thank you for enrolling in Link2Wellness ("Program") provided by United Marketing Group, LLC, and Teleformix, LLC in the State of Ohio. ("The Company", "our", "we" or "us"). The Billing Terms for your membership are located in your Welcome Letter. The Billing Terms, this Membership Agreement and the Offer and Benefit Terms & Conditions constitutes your Agreement with us. Please read them carefully.

**Termination Conditions:** We reserve the right to terminate program members for any reason, including non-payment.

**Program Changes:** All program benefits are subject to the terms and conditions shown in this Agreement. Program benefits, membership fees and these terms and conditions may change in our sole discretion and without notice. If, in our opinion, a change is material (such as a change in membership fee), we will provide you with at least 30 days prior notice by sending you a notice via email or mail. If you do not cancel your membership prior to the effective date of the change, you will have accepted the changed terms.

**Disclaimer of Warranties:** We have made arrangements for members to have access to third-party services that provide various types of benefits to Program members. We do not warrant or guarantee the suitability and/or quality of any goods or services provided by these third-party providers. TO THE FULLEST EXTENT PROVIDED BY LAW, WE SPECIFICALLY DISCLAIM ANY AND ALL RESPONSIBILITY AND LIABILITY THAT MAY RESULT FROM OR BE CAUSED BY YOUR OR ANYONE ELSE'S USE OF OR RELIANCE ON THE GOODS OR SERVICES FROM THESE THIRD-PARTY PROVIDERS. ALL PROGRAM BENEFITS, REGARDLESS OF PROVIDER, ARE PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. TO THE FULLEST EXTENT PROVIDED BY LAW, WE SPECIFICALLY DISCLAIM ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

**Limitation of Liability & Force Majeure:** TO THE FULLEST EXTENT PERMITTED BY LAW AND IN ADDITION TO OTHER LIMITATIONS AND EXCLUSIONS, IN NO EVENT WILL WE BE LIABLE FOR ANY DAMAGES OF ANY KIND ARISING OUT OF OR RELATED TO THE PROGRAM. FURTHER, TO THE FULLEST EXTENT PERMITTED BY LAW, OUR TOTAL LIABILITY IN ANY CIRCUMSTANCE WILL NOT EXCEED THE LAST MEMBERSHIP FEE YOU PAID. THESE EXCLUSIONS AND LIMITATIONS OF LIABILITY WILL SURVIVE CANCELLATION OR TERMINATION OF YOUR PROGRAM MEMBERSHIP. We will also have no liability if we are prevented from or delayed in performing our obligations due to acts or events beyond our reasonable control such as fire, acts of God, government order or failure of providers, suppliers or contractors.

**Complaint Procedure:** If you have a complaint regarding your program membership, please contact us so that we may assist you. Please call 1-866-884-2205 or write to us at Membership Services, PO Box 726, Lombard, IL 60148. You have the right to request an internal appeal if you are dissatisfied with the complaint resolution. After completing complaint resolution, if you remain dissatisfied, you may initiate binding arbitration, which shall be conducted in DuPage County, Illinois, before a single neutral arbitrator appointed in accordance with the American Arbitration Association Rules for consumer arbitration. YOU AND WE AGREE TO WAIVE ANY RIGHT TO JOIN CLAIMS OR DISPUTES WITH THOSE OF OTHERS IN THE FORM OF A CLASS ACTION, CLASS ARBITRATION OR SIMILAR PROCEDURE AND TO WAIVE ANY RIGHT TO PRESENT ANY CLAIM OR DISPUTE IN A COURT OF LAW.

This Agreement sets forth the entire Agreement between you and us with respect to the Program. Except as otherwise specified herein, the agreement may not be altered, supplemented, or amended except by a written instrument signed by both you and us.

# BENEFIT TERMS & CONDITIONS

You must be an active member at time of purchase, use, and redemption of all benefits/rebates. See Specific Benefit Terms below along with Rebate Request Certificate, and Order Form.

**Rebate Checks:** Rebate checks are void 90 days after issuance. If you fail to cash/deposit a rebate check prior to its void date, you forfeit and waive all right to payment of the rebate to which the check applies.

## **Telemedicine**

The Telemedicine Benefit is provided and managed by Sesame, Inc. ("Provider").

Physicians can diagnose many common non-emergency condition symptoms, recommend treatment options, and prescribe medication when medically appropriate.

Account registration is required prior to requesting a consultation. To register yourself and your dependents, call 877-947-6411 or visit [Link2Wellness.com](http://Link2Wellness.com).

Diagnostic consultations are available by phone or video for evaluations, diagnosis, and prescriptions if appropriate. Consultations by phone or video are free of charge.

During the consultation scheduling process, you will be requested to update your health record. This can be updated online or by phone when requesting your consult.

Your medical history provides doctors with the information they need to make an accurate diagnosis. Consultations will take place within 2 hours of the initial request or can be scheduled for a specific time.

## **Disclosure:**

**Provider does not prescribe DEA controlled substances, lifestyle drugs, and certain other drugs which may be harmful because of their potential for abuse. Provider does not guarantee that a prescription will be written. Provider physicians reserve the right to deny care for potential misuse of services.**

## **This is not Insurance**

## **Prescription Discounts**

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at [www.CareingtonRxCard.com](http://www.CareingtonRxCard.com). A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This card cannot be combined with your insurance card. Ask your pharmacist which card provides the best savings.

This Prescription Discount Card is distributed by Careington International Corporation under an agreement between United Networks of America and Careington. Careington is the administrator of the program. United Networks of America is Careington's contracted Consumer Engagement Platform, which provides web tools and a mobile app. United Networks of America is not affiliated with Careington International Corporation. VOID WHERE PROHIBITED BY LAW.

## **Up to \$120 in Gym or Health Club Rebates (Up to \$10/month)**

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to monthly gym or health club dues or fees only. Max one (1) \$10 rebate every month up to a total of \$120 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate request. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate request along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate request certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate must be received within 60 days of purchase. 4) Rebate request certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable certificates. Reproductions of certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

### Up to \$60 in Over-the-Counter Medications (Up to \$10 every other month)

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name over-the-counter cold, flu, cough and pain relief medications only. Generic and store brands are excluded. Max one (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate request. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate request along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate request certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate must be received within 60 days of purchase. 4) Rebate request certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable certificates. Reproductions of certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

### Up to \$60 in Vitamin/Supplement Rebates (Up to \$10 every other month)

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max one (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate request. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate request along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate request certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate must be received within 60 days of purchase. 4) Rebate request certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable certificates. Reproductions of certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

### Up to \$25 Gym or Health Club Initiation Fee Rebate

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to new gym or health club initiation fees only. Current gym memberships are excluded. Max one (1) rebate up to \$25 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate request. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate request along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate request certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate must be received within 60 days of purchase. 4) Rebate request certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable certificates. Reproductions of certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

[illegible]

Telemedicine  
1-877-947-6411

Video:  
*Visit [Link2Wellness.com](http://Link2Wellness.com)*

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Prescription Discounts  
1-877-321-6755

Online:  
*[Link2Wellness.com](http://Link2Wellness.com)*

**Member Services**  
**1-866-884-2205**

**Telemedicine**  
**1-877-947-6411**

Video:  
Visit [Link2Wellness.com](http://Link2Wellness.com)

**Prescription Discounts**  
**1-877-321-6755**

Online:  
*Link2Wellness.com*

## Wellness Rebates

Mail to:  
Membership Services  
PO Box 726  
Lombard, IL 60148

Email to:  
[CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com)



# COMBINED™

A Chubb Company



For questions regarding Link2Wellness benefits contact us via:



1-866-884-2205



[CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com)

Link2Wellness  
PO Box 726  
Lombard, IL 60148

## CASH BACK WELLNESS REBATE CERTIFICATES

Get rewarded for living a healthy lifestyle –  
Submit Your Wellness Rebate Certificates included inside!



Over \$250 in annual savings inside!

Your Link2Wellness membership gives you cash back on wellness purchases. Follow the instructions in your Member Guide and listed on each Mail-In Cash Rebate Certificate\* to get cash back on your wellness purchases throughout the year.



**UP TO \$120**

on Monthly Gym or Health Club Fees



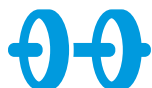
**UP TO \$60**

on Over-the-Counter Medicines



**UP TO \$60**

on Vitamins and Supplements



**UP TO \$25**

on Gym or Health Club Initiation Fees

\*These are mail-in rebates. Do NOT present in-store for redemption. See Rebate Certificates for complete details.

#### MAIL-IN CASH REBATE

#### MONTHLY GYM OR HEALTH CLUB FEES - JANUARY

This is a mail-in rebate. Do not present to your gym or health club for redemption.

**SAVE UP TO \$10**  
on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### MONTHLY GYM OR HEALTH CLUB FEES - FEBRUARY

This is a mail-in rebate. Do not present to your gym or health club for redemption.

**SAVE UP TO \$10**  
on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### MONTHLY GYM OR HEALTH CLUB FEES - MARCH

This is a mail-in rebate. Do not present to your gym or health club for redemption.

**SAVE UP TO \$10**  
on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to monthly gym or health club dues or fees only. Max (1) \$10 rebate every month up to a total of \$120 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

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MAIL-IN CASH REBATE

MONTHLY GYM OR HEALTH CLUB FEES - APRIL

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

MAIL-IN CASH REBATE

MONTHLY GYM OR HEALTH CLUB FEES - MAY

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

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2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
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PO Box 726  
Lombard, IL 60148

MAIL-IN CASH REBATE

MONTHLY GYM OR HEALTH CLUB FEES - JUNE

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

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2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
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PO Box 726  
Lombard, IL 60148



Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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#### MAIL-IN CASH REBATE

#### MONTHLY GYM OR HEALTH CLUB FEES - JULY

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### MONTHLY GYM OR HEALTH CLUB FEES - AUGUST

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### MONTHLY GYM OR HEALTH CLUB FEES - SEPTEMBER

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

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2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
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Lombard, IL 60148

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
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MAIL-IN CASH REBATE

MONTHLY GYM OR HEALTH CLUB FEES - OCTOBER

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

## on monthly gym or health club fees

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

MAIL-IN CASH REBATE

MONTHLY GYM OR HEALTH CLUB FEES - NOVEMBER

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

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Lombard, IL 60148

MAIL-IN CASH REBATE

MONTHLY GYM OR HEALTH CLUB FEES - DECEMBER

This is a mail-in rebate. Do not present to your gym or health club for redemption.

# SAVE <sup>UP</sup> TO \$10

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#### MAIL-IN CASH REBATE

#### OVER-THE-COUNTER MEDICINES - JANUARY

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10 Every other month**  
**on over-the-counter medicines**

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:

**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### OVER-THE-COUNTER MEDICINES - MARCH

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10 Every other month**  
**on over-the-counter medicines**

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:

**Membership Services**  
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#### MAIL-IN CASH REBATE

#### OVER-THE-COUNTER MEDICINES - MAY

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10 Every other month**  
**on over-the-counter medicines**

1. **Save** your original receipt
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**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name over-the-counter cold, flu, cough and pain relief medications only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

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#### MAIL-IN CASH REBATE

#### OVER-THE-COUNTER MEDICINES - JULY

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10 Every other month**  
**on over-the-counter medicines**

1. **Save** your original receipt
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PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### OVER-THE-COUNTER MEDICINES - SEPTEMBER

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10 Every other month**  
**on over-the-counter medicines**

1. **Save** your original receipt
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**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### OVER-THE-COUNTER MEDICINES - NOVEMBER

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10 Every other month**  
**on over-the-counter medicines**

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148



Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name over-the-counter cold, flu, cough and pain relief medications only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name over-the-counter cold, flu, cough and pain relief medications only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name over-the-counter cold, flu, cough and pain relief medications only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

#### MAIL-IN CASH REBATE

#### VITAMINS & SUPPLEMENTS - FEBRUARY

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10** Every other month  
on vitamins and supplements

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### VITAMINS & SUPPLEMENTS - APRIL

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10** Every other month  
on vitamins and supplements

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### VITAMINS & SUPPLEMENTS - JUNE

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10** Every other month  
on vitamins and supplements

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to [CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com). Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

#### MAIL-IN CASH REBATE

#### VITAMINS & SUPPLEMENTS - AUGUST

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10** Every other month  
on vitamins and supplements

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### VITAMINS & SUPPLEMENTS - OCTOBER

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10** Every other month  
on vitamins and supplements

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

#### MAIL-IN CASH REBATE

#### VITAMINS & SUPPLEMENTS - DECEMBER

This is a mail-in rebate. Do not present to merchant for redemption.

**SAVE UP TO \$10** Every other month  
on vitamins and supplements

1. **Save** your original receipt
2. **Complete** the form on this rebate certificate, including your Member ID#
3. **Mail** this certificate and receipt (or copy of receipt) within 60 days of purchase to:  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to brand name vitamins and supplements only. Generic and store brands are excluded. Max (1) \$10 rebate every two months up to a total of \$60 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

#### MAIL-IN CASH REBATE

#### GYM OR HEALTH CLUB INITIATION FEES

This is a mail-in rebate. Do not present to gym or health club for redemption.

# SAVE <sup>UP TO</sup> \$25

## on gym or health club initiation fees

- 1. Save your original receipt**
- 2. Complete the form on this rebate certificate, including your Member ID#**
- 3. Mail this certificate and receipt (or copy of receipt) within 60 days of purchase to:**  
**Membership Services**  
PO Box 726  
Lombard, IL 60148

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Offer Terms:** May not be combined with any other discount or rebate provided through this club. Rebate limited to new gym or health club initiation fees only. Current gym memberships are excluded. Max (1) rebate up to \$25 annually. In order to receive your rebate check, you must meet the following requirements: 1) Your qualified purchase must have taken place during the time period indicated on the rebate certificate. 2) You must be an active member of the Program at both the time of purchase and when the rebate request is received by us. 3) You must mail the rebate certificate along with a copy of your original receipts and any requested support materials as proof of purchase to the address indicated on the rebate certificate, or you can scan and email the required documents to CustomerService@Link2Wellness.com. Rebate request must be received within 60 days of purchase. 4) The form on the rebate certificate must be filled in completely and legibly to be eligible for processing. Please allow 3-5 weeks for processing and mailing of your rebate check(s). The official printed rebate certificate or the rebate certificate printed from the Program website are the only acceptable rebate certificates. Reproductions of rebate certificates will not be accepted. Available for purchases within the United States only. Void where prohibited. Limit one (1) periodic rebate up to the amount listed on the rebate certificate per rebate period specified on the rebate certificate per household. Minimum purchase of \$5 required for rebate processing.

All rebate requests must be received within 60 days of date on receipt to be eligible for processing.

Rebate checks are void 90 days after issuance. If you fail to cash/ deposit a rebate check prior to its void date, you forfeit and waive all right to payment of the rebate to which the check applies.

Please see back of each rebate certificate for complete details.

**Mail** all rebates to:  
Membership Services  
PO Box 726  
Lombard, IL 60148

## GETTING CASH BACK IS AS EASY AS 1...2...3!

1

**Save** your original receipts

2

**Complete** the form provided  
with each of the mail-in cash rebate  
certificates, including your  
Member ID#

3

**Mail** the certificates and receipts within  
60 days of purchase to:  
Membership Services  
PO Box 726  
Lombard, IL 60148



[illegible][illegible]



**Link2Wellness**

PO Box 726

Lombard IL 60148

1-866-884-2205

[CustomerService@Link2Wellness.com](mailto:CustomerService@Link2Wellness.com)

# Thank you for your membership!

Please check one of the boxes below if you would like a \$25 Target Gift Card or a \$25 Walmart Gift Card reserved in your name!

It will be sent to you at no additional cost or obligation after we receive this request card. Simply complete the information below and send it in.

Please allow 3-5 weeks for processing and mailing of your gift. In order to receive your gift card, you must be a current member of the program at the time we receive this request card.

Limit one gift card redemption per membership. Non-conforming or duplicate redemption requests will not be honored.

## Mail To:

**Clubs & Services Center**

P.O. Box 726

Lombard, IL 60148

## Choose One:

☐

**\$25 Target Gift Card**

☐

**\$25 Walmart Gift Card**

## Your Information:

Member ID \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_